



STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
Bureau of State Payroll Services

REQUEST FOR PAYROLL CHECK STOP PAYMENT FORM

Request for Stop Payment of New York State Payroll Check for Replacement, Reversal, or Exchange

Department ID:

Preparer Name:

Preparer Phone:

Preparer Email:

Employee ID:

Employee Name:

Payroll Check#:

Payroll Check Amount:

Payroll Check Issuance Date:

Reason for Request:

Replacement: The original paycheck will be stopped and a new check will be issued and sent to the employee's home address listed in the State Payroll system.

Note: If the employee address is incorrect in the State Payroll system, it should be updated prior to submitting this form.

Reversal: Once the AC-230 is submitted to PayrollReversalandExchange@osc.ny.gov, the original paycheck will be stopped and reversed as requested.


Exchange: Once the AC-1476, Next of Kin Affidavit, and Death Certificate are submitted to PayrollReversalandExchange@osc.ny.gov, the original paycheck will be stopped and exchanged as requested.

Comments:

Email this form to:

UncashedNYS PayrollChecks@osc.ny.gov

Contact us: UncashedNYS PayrollChecks@osc.ny.gov or 518-474-4042

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